



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

December 4, 2019

The Honorable David P. Roe, M.D.
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Roe:

The House Committee on Veterans' Affairs' focus on Veteran suicide prevention is most welcomed, and I think there may be a significant compromise on the legislation in the Committee, but only if you and your colleagues acknowledge through the legislation the history of this ongoing crisis and how the Nation's mental health response has changed for the better in recent years. It is for those reasons that I write to ensure you and all the Committee Members are personally aware of the evolution in suicide prevention on a national level that brought us to this critical point where legislation to expand VA's efforts is now very much needed if we are to take a bold step forward.

The community of health care providers and public health experts across the Nation have come to recognize in recent years that the response to our fellow citizens in crisis, especially our Veterans, was hindered by a disjointed and poorly-coordinated effort that often put the onus on the person in crisis to find the resources and support that was best suited to them, sometimes by trial and error and at the risk of their well-being. The experts in these fields came to realize that anyone seeking help should not experience a limitation or lack of access wherever they turned for help. This recognition led to what is now termed the "No Wrong Door" approach to aid those either in crisis, or on a path to a crisis. It also served as the stimulus and inspiration for VA's development and implementation of Same Day Access in Mental Health and Primary Care.

I am greatly concerned that in recent days the direction this legislation may be moving in the Committee could be wholly or partially incongruent with the widely-accepted "No Wrong Door" approach and could very well risk leaving VA misaligned with how our broader society and its networks of providers collaborate and intervene to help citizens in need. A meaningful VA partnership with eligible non-profit, grant recipients, both large and small, who can provide high-quality local triage and clinical assistance to Veterans, where appropriate, will undoubtedly help us improve overall access to care and find more of the unknown 60 percent of Veterans who die by suicide every day. Clinical care, broadly defined, and a diverse group of providers are woven into the fabric of the national response underway through the "No Wrong Door" philosophy.

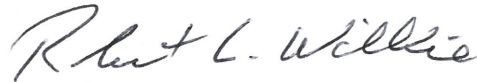
Page 2.

The Honorable David P. Roe, M.D.

Efforts by the Congress, even if well intentioned, to prohibit, disincentivize, or dissuade such care and exclude lesser known groups from participating will hinder VA and our partners from reaching those Veterans we all agree need and deserve our best efforts. They should never find a "locked door" or be shifted away when they come for help.

I hope there can be agreement on those core principles and a focus of effort in the coming days on ensuring the legislation now being debated clearly and unequivocally supports those principles with well-articulated objectives in the language. To do any less will be a step backward for Veterans, not a bold step forward, and such a step back risks failure before we even begin.

Sincerely,

A handwritten signature in cursive script, reading "Robert L. Wilkie". The signature is written in dark ink and is positioned above the printed name.

Robert L. Wilkie